

Work Order ID 106664

September-11-13 11:17:56 AM

106664

Page 1

Item ID: 646.3812

646.3612
B106664

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset Bracket

Stop

NS2

Start Date: 9/23/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-09-13

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
646.3800	NC								

110

110

HAAS 1

HAAS CNC VERTICAL MACHINING #1

HAAS CNC vertical machine #1

Memo

0.00

1-Machine per DWG
DWG REV: _____

21

✓

13/10/13

2- deburr and break all sharp edges

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

21

✓

13/10/13

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order ID 106664***106664***

Page 2

September-11-13 11:17:56 AM

Item ID: 646.3812

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset Bracket

Stop

NS2

Start Date: 9/23/13

Start Qty: 20.00

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Cust Item ID:

Required Date: 9/23/13

Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC	QC8- Inspect parts - second check Quality Control	0.00	<i>6/13/10/04</i>			<i>21</i>	<i>0</i>		
140 *140* Outsource4 Outsource process - Anodize	Outsource process-Anodize per QSI017 4.1.10.1 Memo Issue P/O to ATG : <u>21603</u>	0.00				<i>21</i>	<i>0</i>		<i>13/10/04 (21)</i>
	1- Black Anodize as per Dwg 646.3800 2- PRIME AS PER DWG, SEE NOTE #2 Certification of Conformity is required								
150 *150* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo	0.00							<i>13/10/28 (21)</i>

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order ID 106664

106664

Page 3

September-11-13 11:17:56 AM

Item ID: 646.3812

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset Bracket

Stop

NS2

Start Date: 9/23/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

155

155

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS
27
9-89

21

10/28

180

Identify as per dwg & Stock Location: JTS35 0.00

180

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

21X

DAS
28
9-89

13-10-29

190

QC21- Final Inspection - Work Order Release 0.00

190

QC

Quality Control

Memo

0.00

RM 13/10/29

/HJ

mf
13-10-29

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>																
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector												
Doc/Data																							
Equip/Tooling																							
Operator																							
Material																							
Setup																							
Other																							
Process																							
Supplier																							
Training																							
Unapproved																							
FAULT CATEGORY																							
Landing Gear				General																			
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio								<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
																				<input type="checkbox"/> Other			

Picklist Print

September-11-13 11:17:55 AM

Page 1/1

Work Order ID: 106664

Parent Item: 646.3812

Parent Item Name: Gusset Bracket

Start Date: 9/23/13

Required Date: 9/23/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6A0.75X0.75X0. 060X0.062		Purchased	No			f		105.8300		2			

7075T6 ANGLE .75" X .75" X .060" X .062"W

Location	Loc Qty	Loc Code
MAT036	105.83	
123947	105.83	

3,718' 11/10/03
13/10/03

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear				General											
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio						<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	106664
Description:	Part Number:	
Inspection Dwg:	Rev:	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<u>Bob</u>	Audited by:	<u>Tom</u>	Preliminary Approval:	
Date:	13/10/03	Date:	13/10/04	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03697				SHEET 1 OF 1	
	DWG NO. 646.3800	REV: N/C	PREPARED BY B. PETERS	DATE: 11/14/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: BRACKETS						
APPROVED BY:	ENGR: <i>John</i>	MFG: <i>David Baker</i>	QC: <i>John</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL.			ECR: D-12-006		

IS



PRIMARY MATERIAL: 7075-T651 ALUMINUM PER AMS-QQ-A-250/12.
ALTERNATE MATERIAL: 7075-T6511 ALUMINUM PER AMS-QQ-A-200/11.

SHEET 1, ZONE A2 IS:

106664 M-5
13-09-13

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

1 2
3 4 5 6
7 8

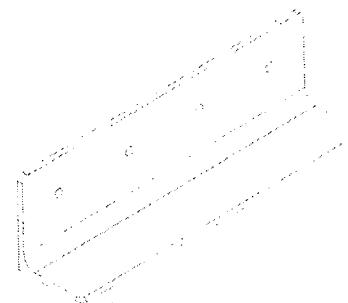
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REVISIONS	DESCRIPTION	DATE	APPROVED

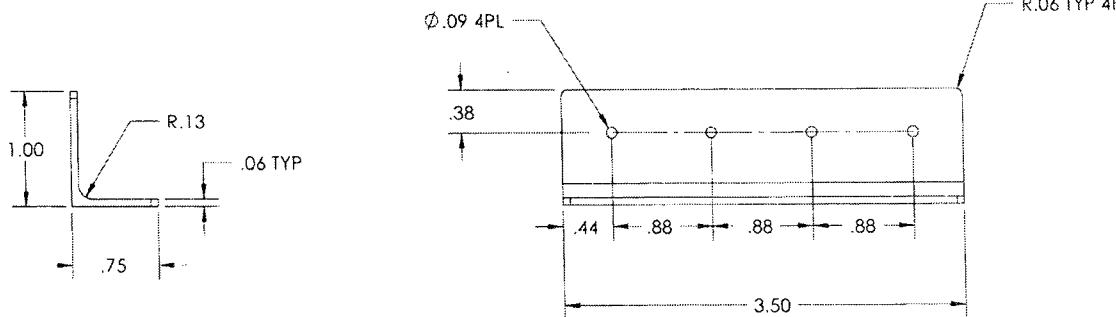
106664

NOTES:

1. MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12
 2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
 CLASS 2. COLOR BLACK;
 CARDINAL 4860-50 PRETREATMENT PRIMER
 PRIME IAW MIL-P-23377J TYPE I CLASS N
 3. DEBURR AND BREAK ALL SHARP EDGES
 4. IDENTIFY IAW MPP-120



646.3810



UNINCORPORATED, CA

036047

QTY	PART #	DESCRIPTION	MATL	SPEC.
	646.3814	WIPER BRACKET		
	646.3813	STRIUT BRACKET		
	646.3812	GUSSET BRACKET		
	646.3811	RADIUS BLOCK		
	646.3810	BRACKET		
		PARTS LST		
		646.3814 WIPER BRACKET		
		646.3813 STRIUT BRACKET		
		646.3812 GUSSET BRACKET		
		646.3811 RADIUS BLOCK		
		646.3810 BRACKET		
		APICAL INDUSTRIES		
		2608 TEMPLE HEIGHTS DR.		
		OCEANSIDE, CA 92056-3512 (750)724-5300		
		BRACKETS		
		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE .010 INCHES 2 PLACE DECIMALS ± .010 ANGLES ± 3°		
		STC CAGE CODE: DWD-10 B 07M26		REV N/C
		SCALE: NONE		SHEET 1 OF 5

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PRESCRIPTION		DATE	APPROVED
PRESCRIBER	DESCRIPTION		

106664

3

3.00

..... 30

.....

646.381

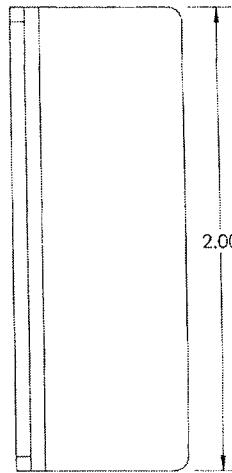
Diagram showing a duct with a semi-circular end. The width of the duct is labeled 81. A dimension line labeled R.19 extends from the top left corner to the center of the semi-circular end.

166664

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A

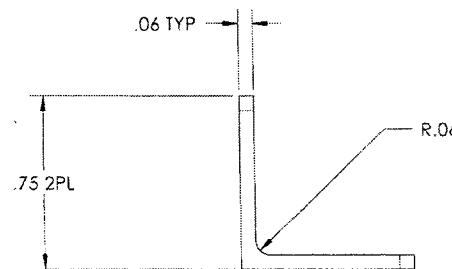


2.00

646.3812

8

6



.06 TYP

.75 2PL

R.06 TYP Ø.09 2F

.3

— 1 —

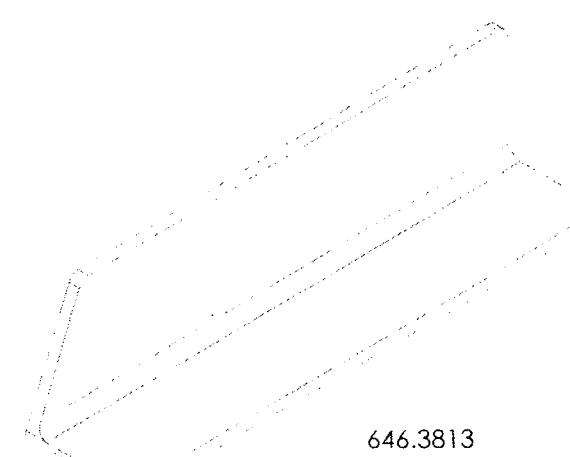
12

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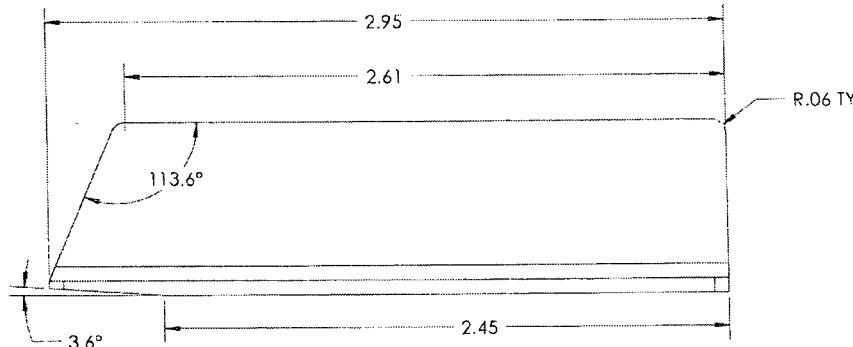
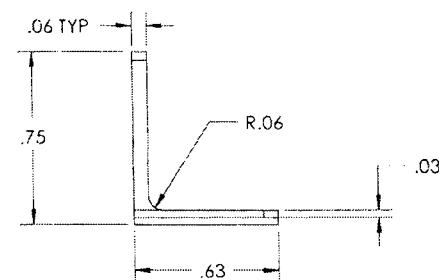
1 2 3 4 5 6 7 8
1 INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF
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REV	REVISION	DATE	APPROVED

100664



646.3813

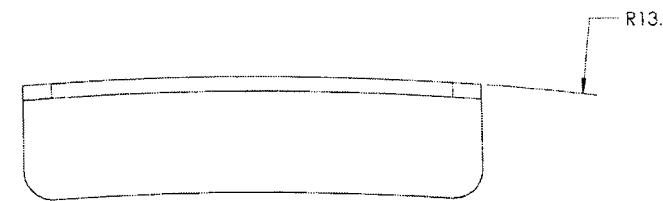


100664-0000000000000000	08-19-08	APICAL INDUSTRIES	
NEXT ASSY (S)	2608 TEMPLE HEIGHTS DR		
STRAIGHT	OCEANSIDE, CA, 92056-3512		
REVISION	(760)724-5300		
DATE APPROVAL			
COMMENTS			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE INCHES 2-FACED DEVIATION ± .010 1-FACED DEVIATION ± .005 .0025 ± .0025	DATE	08-19-08	
	07476	DOC NO	646.3800
		SCALE	N/C
		SHRFT	4 OF 5

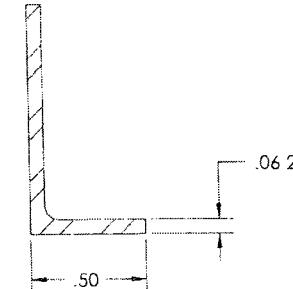
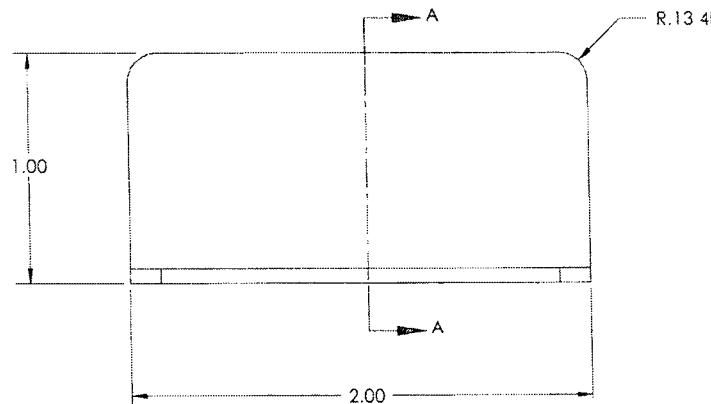
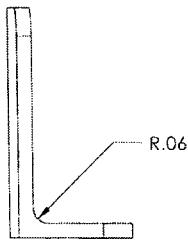
1 2 3 4 5 6 7 8
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REVISIONS		DESCRIPTION	DATE	APPROVED

1066664



646.3814



SECTION A-A

NEXT ASSY (S)	DRAWN BY: J. MORTER CHECKED BY: J. MORTER APPROVED BY: J. MORTER	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
		CONNECTIONS	BRACKETS
NOTES: OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 1. PLACE BACKMATERIAL ON 2. PLACE BACKMATERIAL ON 3. ANGLES 1/8			
REV: B	DATE: 07/14/04	ENG. NO: 646.3800	P/C: M/C SCALE: NONE SHEET: 5 OF 5



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62703

Date: 25-Oct-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 5 PCS 646.2910 (48.00) ✓ 12 PCS 646.3610 (6.60) ✓ 31 PCS 646.3812 (6.55) 6+4+21 8 PCS 646.9811 (27.25) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130669
	Rev: PO: 21603 Line:
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>25/10/13</u></p> <p>CERTIFIED SIGNATURE: <u>M</u></p> <p>RECEIVER SIGNATURE: _____</p>